



Scan QR code to check
report authenticity

Passport No :

LABORATORY TEST REPORT



Patient Information	Sample Information	Client/Location Information
Name : Mr Kiran Sunil Dhande	Lab Id : 012315302692	Client Name : Spectra Diagnostics Lab@Adajan
Sex/Age : Male / 27 Y	Registration on : 26-Jan-2023 17:02	Location :
Ref. Id :	Collected at : non SAWPL	Approved on : 26-Jan-2023 17:57 Status : Final
Ref. By :	Collected on : 26-Jan-2023 17:02	Printed On : 26-Jan-2023 18:06
	Sample Type : Serum	Process At : 153. Lab SAWPL Gujarat Surat Adajan

Thyroid Function Test

Test	Result	Unit	Biological Ref. Interval
T3 - Triiodothyronine <i>Chemiluminescence</i>	1.55	ng/mL	0.58 - 1.59
T4 - Thyroxine <i>Chemiluminescence</i>	11.12	micro g/dL	4.87 - 11.72
TSH - Thyroid Stimulating Hormone <i>Chemiluminescence</i>	1.5425	microIU/mL	0.35 - 4.94

TSH	T3/FT3	T4/FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	- Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	- Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & Biological TSH Variability. - Subclinical Autoimmune Hypothyroidism - Intermittent T4 therapy for hypothyroidism - Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	- Chronic autoimmune Thyroiditis - Post thyroidectomy, Post radiiodine - Hypothyroid phase of transient thyroiditis
Raised or Within Range	Raised	Raised or Within range	- Interfering antibodies to thyroid hormones (anti-TPO antibodies) - intermittent T4 therapy or T4 overdose - Drug interference-Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	- Isolated Low TSH- especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness - Subclinical Hyperthyroidism - Thyroxine ingestion
Decreased	Decreased	Decreased	- Central Hypothyroidism - Non-Thyroidal illness - Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	- Primary Hyperthyroidism (Graves disease), Multinodular goitre Toxic nodule - Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain'a) Gestational thyrotoxicosis with hyperemesis gravidarum
Decreased or within range	Raised	Within Range	- T3 toxicosis - Non-Thyroidal illness

----- End Of Report -----

This is an Electronically Authenticated Report.

Page 1 of 1

Dr. Bharat D. Tandel

M.D. Pathology

A-5 Jay Jalaram Society, B/H DGVCL Office , Palanpur Patia, Rander Rd, surat 395005, P 2775550,2779805



Name: KIRAN SUNIL DHANDE	Ward: OPD
Lab ID: 00000230	Registration on: 26/01/2023 15:15:00
Age & Sex: 27 Year Male	Reported on: 18:22:13
Reference: VELOCITY HOSPITAL	Sample Type: VENOUS BLOOD

CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	16.5	g/dL	13.5 - 17.5
Total RBC	5.15	mill./cm	4.50 - 5.90
Total WBC	6800	/cmm	4000 - 11000
Platelet Count	214000	/cmm	150000 - 450000
HCT	50.5 H	%	36.0 - 48.0
MCV	98.1	fL	80.0 - 100.0
MCH	32.0	pg	27.0 - 32.0
MCHC	32.7	g/dL	31.5 - 36.0

DIFFERENTIAL COUNT

Neutrophils	67	%	40-70
Lymphocytes	29	%	20-40
Eosinophils	02	%	02-05
Monocytes	02	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0

ABSOLUTE DIFFERENTIAL COUNT

Neutrophils	4556	/cumm	2000 - 7000
Lymphocytes	1972	/cumm	1000 - 3000
Eosinophils	136	/cumm	20 - 500
Monocytes	136 L	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100

GLR / NLR

(Neutrophil/Lymphocyte Ratio)

2.3

M ENTZER INDEX

19.0

RDW-CV	14.1 H	%	13.0-18.0
MPV	5.5 L	fl	7.00 - 11.00
PCT	0.12	%	0.10-0.30
PDW	17.1	%	10.0-18.00

DR. TEJAL BHATT
 MD. PATHOLOGIST





Name: KIRAN SUNIL DHANDE	Ward: OPD
Lab ID 00000230	Registration on: 26/01/2023 15:15:00
Age & Sex: 27 Year Male	Reported on: 18:22:13
Reference: VELOCITY HOSPITAL	Sample Type: VENOUS BLOOD

PERIPHERAL SM EAR EXAMINATION

RBC Morphology
WBC Morphology
Platelets in Smear

Normochromic and normocytic.
Appear normal, Immature cells are not seen .
Adequate.

Malarial Parasites

Not Detected.

ESR

AFTER 1 HOUR

26 H mm/hr

0.0 - 15.0

DR. TEJAL BHATT
MD. PATHOLOGIST





Name: KIRAN SUNIL DHANDE	Ward: OPD
Lab ID 00000230	Registration on: 26/01/2023 15:15:00
Age & Sex: 27 Year Male	Reported on: 18:22:13
Reference: VELOCITY HOSPITAL	Sample Type: VENOUS BLOOD

BLOOD GROUP

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood Group	"B"		
Rh Factor	POSITIVE		

DR. TEJAL BHATT
MD. PATHOLOGIST





Name: KIRAN SUNIL DHANDE	Ward: OPD
Lab ID: 00000230	Registration on: 26/01/2023 15:15:00
Age & Sex: 27 Year Male	Reported on: 18:22:13
Reference: VELOCITY HOSPITAL	Sample Type: VENOUS BLOOD

BLOOD GLUCOSE TEST

Test	Unit
Sample	FLOURIDE PLASMA
FASTING (FBS)	
Blood Sugar-F	92.49 mg/dL 70.00-110.00

DR. TEJAL BHATT
MD. PATHOLOGIST



Name: **KIRAN SUNIL DHANDE**

Ward: OPD

Lab ID: **00000230**

Registration on: 26/01/2023 15:15:00

Age & Sex: **27 Year | Male**

Reported on: 18:22:13

Reference: **VELOCITY HOSPITAL**Sample Type: **VENOUS BLOOD**

HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	5.1	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	99.7	mg/dL	70.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

DR. TEJAL BHATT
MD. PATHOLOGIST





Name: KIRAN SUNIL DHANDE	Ward: OPD
Lab ID 00000230	Registration on: 26/01/2023 15:15:00
Age & Sex: 27 Year Male	Reported on: 18:22:13
Reference: VELOCITY HOSPITAL	Sample Type: VENOUS BLOOD

LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		0.0 - 0.0
Cholesterol	152.1	mg/dL	<200 Desirable 200-239 Borderline >240 Hig
Triglyceride	92.6	mg/dL	< 150 Normal 150 - 199 Borderline High 200 - 499 High >=500 Very High
HDL Cholesterol	45.3	mg/dL	40-60
VLDL	18.52	mg/dL	10-40
LDL Cholesterol	88.28	mg/dL	<100 Optimal 100-129 Near optimal/above optimal 130-159 Borderline High 160-189 High >190 Very high
Cholesterol / HDL Chol. Ratio	1.95		0 - 4.1
Total Lipid	3.4 L	mg/dl	400.0 - 1000.0

NOTE 500.2

DR. TEJAL BHATT
MD. PATHOLOGIST



Name: **KIRAN SUNIL DHANDE**

Ward: OPD

Lab ID: **00000230**

Registration on: 26/01/2023 15:15:00

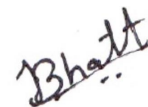
Age & Sex: **27 Year | Male**

Reported on: 18:22:13

Reference: **VELOCITY HOSPITAL**Sample Type: **VENOUS BLOOD**

RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	0.92	mg/dL	0.5-1.30
Bl. Urea	20.0	mg/dL	10.0 - 40.0
BUN	9.3	mg/dl	6.0 - 22.0
S.Calcium	10.0	mg/dL	
Uric Acid	8.4 H	mg/dL	3.5 - 7.2

**DR. TEJAL BHATT**
MD. PATHOLOGIST

Name: **KIRAN SUNIL DHANDE**

Ward: OPD

Lab ID: **00000230**

Registration on: 26/01/2023 15:15:00

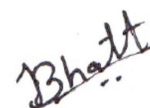
Age & Sex: **27 Year | Male**

Reported on: 18:22:14

Reference: **VELOCITY HOSPITAL**Sample Type: **VENOUS BLOOD**

LIVER FUNCTION TEST

Test	Observed Value	Unit	Biological Reference Interval
<u>BILIRUBIN</u>			
Total Bilirubin	0.5	mg/dL	0.00 - 1.20
Direct Bilirubin	0.2	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.30	mg/dL	0.20 - 1.00
SGPT(ALT)	49.1 H	U/L	0.0 - 40.0
SGOT (AST)	50.0 H	U/L	0.00-46.00
Alkaline Phosphatase	82.0	U/L	40-129
<u>PROTEINS</u>			
Total Protein	7.0	g/dL	6.0 - 8.0
Albumin	4.6	g/dL	3.50 - 5.50
Globulin	2.4	g/dL	2.0 - 4.0
A/G Ratio	1.9		

**DR. TEJAL BHATT**
MD. PATHOLOGIST



Name: **KIRAN SUNIL DHANDE**
Lab ID: **00000230**
Age & Sex: **27 Year | Male**
Reference: **VELOCITY HOSPITAL**

Ward: **OPD**
Registration on: **26/01/2023 15:15:00**
Reported on: **18:22:14**
Sample Type: **VENOUS BLOOD**

URINE ANALYSIS

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	
Colour	Pale-Yellow		
Appearance	Clear		Clear
pH	6.0		
Specific Gravity	1.005		
Sediments	Absent		Absent
<u>CHEMICAL EXAMINATION</u>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Nitrite	Absent		Absent
Urobilinogen	Normal		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	Occasional	/hpf	Absent
Red Blood Cells	Absent	/hpf	Absent
Epithelial Cells	Occasional	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

--- End of Report ---

DR. TEJAL BHATT
MD. PATHOLOGIST

